

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-011357

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 46
FILED APR 9 1963VS 300
Rev. 4/591 04112 03102

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Lamar</u>		2. USUAL RESIDENCE (Where deceased lived, institution; Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Daviess</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Bethany</u>		c. CITY OR TOWN <u>Pattonburg</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Noll Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Pattonburg</u>	
3. NAME OF DECEASED (Type or print) <u>John Edward Shaw, Sr.</u>		4. DATE OF DEATH <u>Apr. 1 - 1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-24-1877</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Famer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming - Ret</u>	
13a. FATHER'S NAME <u>Philip Shaw</u>		13b. MOTHER'S MARRIED NAME <u>Orilla England</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u>		16. SOCIAL SECURITY NO. <u>1-308</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardio Respiratory Failure</u> DUE TO (b) <u>Cerebro-vascular Accident</u> DUE TO (c) <u>Cerebral Atherosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Atherosclerotic Heart Disease</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>UNKNOWN</u>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour <u>2:30 P.M.</u> Month, Day, Year <u>April 1, 1963</u>		20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE		20h. DATE SIGNED	
21. I attended the deceased from <u>August 30, 1962</u> to <u>April 1, 1963</u> and last saw him alive on <u>April 1, 1963</u>		21b. ADDRESS <u>Pattonburg, Missouri</u>	
21c. DATE SIGNED <u>April 2, 1963</u>		21d. SIGNATURE <u>O. Lamm Donnell M.D.</u>	
22. BIRTHPLACE (City and state or country) <u>Pattonburg, Mo.</u>		22b. ADDRESS <u>Pattonburg, Missouri</u>	
22c. DATE SIGNED <u>April 2, 1963</u>		22d. SIGNATURE <u>Ozella Mayes</u>	
23. NAME OF CEMETERY OR CREMATORY <u>Coffey</u>		23d. LOCATION (City, town, or county) <u>Coffey, Mo.</u>	
24. MUNICIPAL DIRECTOR <u>Pattonburg, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-3-1963</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Harry C. [Signature]

Licensed Embalmer No. 5

P. O. Address [Signature]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.